

Louis. This is one of the beautiful results of the system which he has adopted, and we cannot conclude without repeating that to him most undoubtedly belongs the credit of having applied it to the investigation of morbid phenomena.  
T. S.

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ART. XVII. *Du traitement curatif des varices par l'obliteration des veines, à l'aide d'un point de suture temporaire.* Par M. DAVAT. Paris: 1836. 8vo.  
*On the treatment of Varices by obliteration of the vein, by means of a temporary ligature.* By MR. DAVAT.

Varicose veins are looked upon by many as a complaint of little interest, but the frequency of their occurrence, and the constant solicitations made by those labouring under them for a radical cure, should alone be sufficient to induce the practical surgeon to devote his serious attention to the subject.

To procure the obliteration of the cavity of the vein, is the end proposed in all operations for the cure of the disease, and hitherto has been arrived at in one of three ways, viz: by the ligature, by simple division of the vessel, or by the removal of a portion of it. Each of these methods has had its advocates and decriers, and each in turn has been the favourite one for a time; but experience has shown them all to be so dangerous, that surgeons look upon the performance of either of them as an operation of a most serious nature. Under such circumstances we hail with much pleasure the memoir of M. Davat, bringing forward a new operation for their cure, equally, if not more certain in its results, at the same time that it exposes the patient to infinitely less danger.

The little work before us is divided into three parts. In the first, the anatomy of the superficial venous system of the limbs is treated of. In the second, the different modes in which obliteration of veins may take place is described, as well as the various operations practised for the cure of varices; and in the last is an exposition of the new method of operating, and reports of a number of cases in which it has proved successful. Our notice will be confined to the two last parts only, the first containing nothing that is not already well known to the profession.

By the obliteration of a vein, M. Davat understands its conversion into a white, solid, ligamentous cord; he does not look upon it as *obliterated* when its cavity is obstructed by a fibrinous mass only, as this latter is always temporary, and is invariably removed after a time by absorption.

From experiments performed by himself, he is led to conclude that the obliteration (as he understands the term) of a vein after operations, takes place either from thickening of its coats or from union by the first intention of its internal membrane. The application of a ligature to a vein, does not cause a division of the internal membrane, as in the arteries, but merely excites effusion into the cellular coats of the vessel, and in this way produces thickening of its parietes, and consequent obliteration of its cavity.

The following he states to be the phenomena which occur after a ligature is put upon a vein. 1st. There is an increased quantity of blood carried to the surrounding parts. 2nd. There is an effusion of coagulable lymph in the cellular tissue around the vessel. 3d. The internal membrane contracts, and is thrown into folds by reason of the pressure upon it, but retains its natural colour and thickness, and presents no exhalation of lymph upon its surface. 4th. If the ligature remains until sufficient lymph is effused in the cellular sheath of the vessel to obstruct the circulation, the clot which is shut up is absorbed, and the vein diminishes in size and is entirely obliterated somewhere between the fourteenth and seventeenth days. But if the ligature is thrown off before a sufficiency of lymph is deposited, the folds of the internal membrane become ef-

faced, and the vein, after a short time, again attains its ordinary calibre. In cases where high inflammation arises, the vessel ulcerates, and the ligature becomes loose, so that the ends of the vessel remain open, and either give rise to hemorrhages or else to a phlebitis, which will terminate by suppuration in its interior without causing obliteration of any part of it. The conclusion drawn from these experiments is, that the internal membrane of veins does not throw out lymph after the application of a ligature, as is the case with arteries, so that by this method of operating we can never produce union of their parietes by the adhesive inflammation, but only obliteration by effusion into the surrounding cellular membrane; an obliteration which is uncertain in its ultimate results, requiring a long time for its production, and which is always dangerous and often fatal.

It will be acknowledged by all, that primitive adhesion of the internal coat of the vein is, the result of all others, the most desirable. The attainment of this our author affirms to be impossible by any operation, unless the coats of the vessel be in some degree divided, and its opposite sides kept in contact long enough to admit of the deposit of coagulable lymph, which will take place around the points irritated, and after four or five days become firmly consolidated. The object then, which he proposes, is to wound the internal membrane *slightly*, so as to ensure this exhalation of lymph and its consequence, union by the first intention; and the mode in which he accomplishes this is ingenious, at the same time that it is easy of execution. The patient being properly placed, a band should be applied tightly to the thigh, just above the knee, for the purpose of rendering more prominent the vena saphena. A fold of the skin, including the vein, is then to be pinched up with the left hand, at the usual place of operating below the knee, and a needle, either curved or straight, is to be pushed transversely behind the vein, for the purpose of isolating it from the deeper seated parts. The integuments are then drawn out and held tense by means of this needle, and a second one is made to penetrate successively the skin, anterior and posterior parietes of the vein, after which it is pushed upwards and forwards behind the first instrument, in such a way as to cause it to reappear at the surface a little above the place of insertion, after a second time passing through the sides of the vessel. The needles are then fixed in this situation by a figure of 8 ligature, moderately tight, and their ends removed with the nippers. Twenty-six cases have been treated by this new method, all of which, with one exception, have been followed by cure; and in all, but the one mentioned, without the occurrence of any dangerous or unpleasant symptoms.

So successful a practice should strongly recommend the author's mode of operating to the attention of every surgeon. Nevertheless, we are all so apt to be carried away by novelty, and to have our judgments biased in favour of new methods introduced by ourselves or friends, and so often make facts bend to the support of our own favourite notions, that the value of the mode of treatment proposed cannot be justly appreciated, until it shall have been more fully tested by other practitioners. Examined coolly in the closet, the advantages which M. Davat's mode of operating offers over all others appears great, and would lead us to pronounce it an excellent one; and, we have given this notice of his memoir, in the hope of making his operation known, and of inducing surgeons in this country to give it an impartial trial, the results of which we hope to be made acquainted with. The operation is simple, demands no division of the skin, causes but little pain, at the same time that the cure takes place at an early period; while any other operation is painful, exacts a long incision of the skin, and even when followed by no bad symptom, requires a comparatively long period for the cure.

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